LIVE WEBINAR

FRANCIS FINANCIAL

LEGACY PLANNING SERIES PART 3

PLANNING AHEAD WITH CLARITY

Hosted By:

Stacy Francis CFP®, CDFA®, CES™

Natalie Colley CFP®, CDFA®

Today’s Focus

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- Credit cards
- People to contact
- Taxes
- Monthly expenses
- Aging Plan & Personal Wishes

9. Credit Cards

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- List all credit cards with the last four digits
- Include the issuing bank or institution
- Add the customer service phone number
- Keep statements in your file

10. People to Contact

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- List your accountant
- List your attorney
- List your financial advisor
- Include family members and trusted friends
- Add contact information for each

11. Taxes

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- Keep copies of the last three years of federal and state returns
- Include location of documents needed for future filings
- Add the name and contact for your CPA or tax preparer
- Include a copy of any estate tax return if applicable

12. Monthly Expenses

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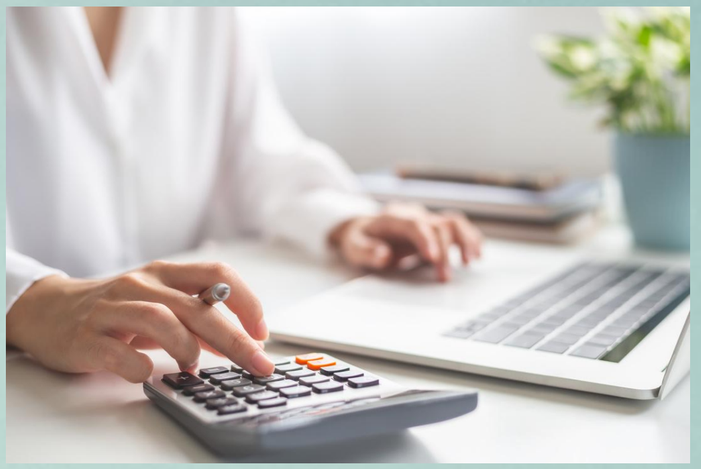
- List mortgage or rent
- List utilities and subscriptions
- Include due dates and payment amounts
- Note whether bills are auto-paid or manual



In Addition: Aging Plan and Personal Wishes

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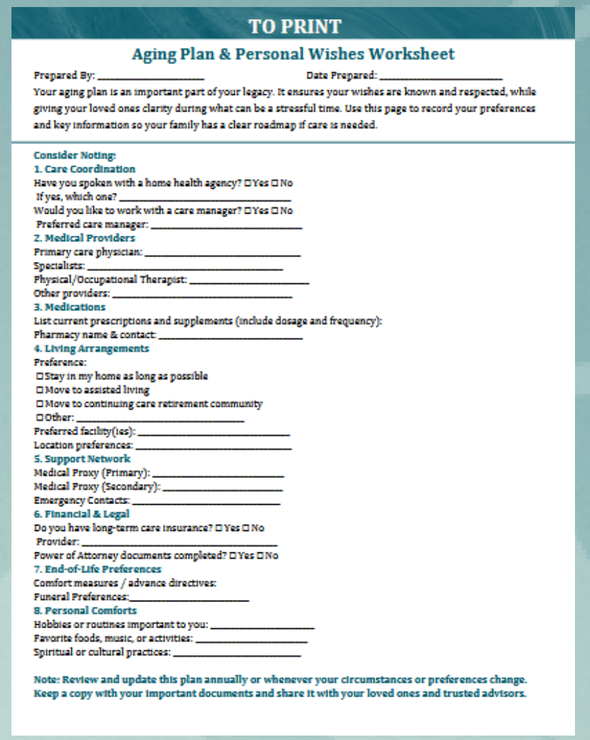
- Care coordination details and preferred care manager
- List of doctors and medical providers
- Current prescriptions and pharmacy contact
- Living arrangements and preferred facilities
- Support network and medical proxies
- End-of-life preferences including funeral and cultural wishes
- Personal comforts such as hobbies, routines, and spiritual practices



TO PRINT

Aging Plan & Personal Wishes Worksheet

Prepared By: _____ Date Prepared: _____

Your aging plan is an important part of your legacy. It ensures your wishes are known and respected, while giving your loved ones clarity during what can be a stressful time. Use this page to record your preferences and key information so your family has a clear roadmap if care is needed.

Consider Noting:

1. Care Coordination

Have you spoken with a home health agency? ☐ Yes ☐ No

If yes, which one? _____

Would you like to work with a care manager? ☐ Yes ☐ No

Preferred care manager: _____

2. Medical Providers

Primary care physician: _____

Specialists: _____

Physical/Occupational Therapist: _____

Other providers: _____

3. Medications

List current prescriptions and supplements (include dosage and frequency):

Pharmacy name & contact: _____

4. Living Arrangements

Preference:

☐ Stay in my home as long as possible

☐ Move to assisted living

☐ Move to continuing care retirement community

☐ Other: _____

Preferred facility(ies): _____

Location preferences: _____

5. Support Network

Medical Proxy (Primary): _____

Medical Proxy (Secondary): _____

Emergency Contacts: _____

6. Financial & Legal

Do you have long-term care insurance? ☐ Yes ☐ No

Provider: _____

Power of Attorney documents completed? ☐ Yes ☐ No

7. End-of-Life Preferences

Comfort measures / advance directives:

Funeral Preferences: _____

8. Personal Comforts

Hobbies or routines important to you: _____

Favorite foods, music, or activities: _____

Spiritual or cultural practices: _____

Note: Review and update this plan annually or whenever your circumstances or preferences change. Keep a copy with your important documents and share it with your loved ones and trusted advisors.

Next Steps & Final Thoughts

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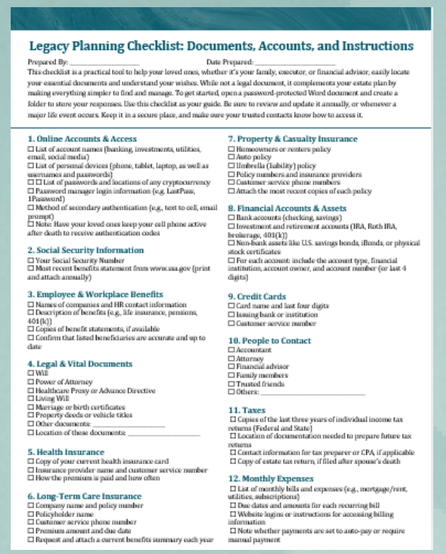
- Complete sections 9 through 12 of your checklist
- Review all 12 sections annually and after life changes
- Tell trusted contacts where the file is stored
- Remember this is not just paperwork, but an act of love

SCAN HERE



Legacy Planning Checklist: Documents, Accounts, and Instructions

Prepared By: _____ Date Prepared: _____

This checklist is a practical tool to help your loved ones, whether it's your family, executor, or financial advisor, easily locate your essential documents and understand your wishes. While not a legal document, it complements your estate plan by making everything simpler to find and manage. To get started, open a password-protected Word document and create a folder to store your responses. Use this checklist as your guide. Be sure to review and update it annually, or whenever a major life event occurs. Keep it in a secure place, and make sure your trusted contacts know how to access it.

1. Online Accounts & Access
- ☐ List of account names (banking, investments, utilities, email, social media)
- ☐ List of personal devices (phone, tablet, laptop, as well as usernames and passwords)
- ☐ ☐ List of passwords and locations of any cryptocurrency
- ☐ Password manager login information (e.g. LastPass, 1Password)
- ☐ Method of secondary authentication (e.g., text to cell, email prompt)
- ☐ Note: Have your loved ones keep your cell phone active after death to receive authentication codes

2. Social Security Information
- ☐ Your Social Security Number
- ☐ Most recent benefits statement from www.ssa.gov (print and attach annually)

3. Employee & Workplace Benefits
- ☐ Names of companies and HR contact information
- ☐ Description of benefits (e.g., life insurance, pensions, 401(k))
- ☐ Copies of benefit statements, if available
- ☐ Confirm that listed beneficiaries are accurate and up to date

4. Legal & Vital Documents
- ☐ Will
- ☐ Power of Attorney
- ☐ Healthcare Proxy or Advance Directive
- ☐ Living Will
- ☐ Marriage or birth certificates
- ☐ Property deeds or vehicle titles
- ☐ Other documents: _____
- ☐ Location of these documents: _____

5. Health Insurance
- ☐ Copy of your current health insurance card
- ☐ Insurance provider name and customer service number
- ☐ How the premium is paid and how often

6. Long-Term Care Insurance
- ☐ Company name and policy number
- ☐ Policyholder name
- ☐ Customer service phone number
- ☐ Premium amount and due date
- ☐ Request and attach a current benefits summary each year

7. Property & Casualty Insurance
- ☐ Homeowners or renters policy
- ☐ Auto policy
- ☐ Umbrella (liability) policy
- ☐ Policy numbers and insurance providers
- ☐ Customer service phone numbers
- ☐ Attach the most recent copies of each policy

8. Financial Accounts & Assets
- ☐ Bank accounts (checking, savings)
- ☐ Investment and retirement accounts (IRA, Roth IRA, brokerage, 401(k))
- ☐ Non-bank assets like U.S. savings bonds, iBonds, or physical stock certificates
- ☐ For each account: include the account type, financial institution, account owner, and account number (or last 4 digits)

9. Credit Cards
- ☐ Card name and last four digits
- ☐ Issuing bank or institution
- ☐ Customer service number

10. People to Contact
- ☐ Accountant
- ☐ Attorney
- ☐ Financial advisor
- ☐ Family members
- ☐ Trusted friends
- ☐ Others: _____

11. Taxes
- ☐ Copies of the last three years of individual income tax returns (Federal and State)
- ☐ Location of documentation needed to prepare future tax returns
- ☐ Contact information for tax preparer or CPA, if applicable
- ☐ Copy of estate tax return, if filed after spouse's death

12. Monthly Expenses
- ☐ List of monthly bills and expenses (e.g., mortgage/rent, utilities, subscriptions)
- ☐ Due dates and amounts for each recurring bill
- ☐ Website logins or instructions for accessing billing information
- ☐ Note whether payments are set to auto-pay or require manual payment

Resources We Provide

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Contact us:
stacy@francisfinancial.com
natalie@francisfinancial.com

Reach out to us today for a complimentary consultation!